



Salato Wildlife Education Center Internship Application

Application Date ____/____/____

Personal Information

Please circle one (Mr. Mrs. Ms. Miss)

Name _____
Last First Middle

Street _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

(Cell) _____ E-mail _____

Date of Birth ____/____/____

You must be over 18 years of age to apply for this internship.

Education

<u>High School/GED</u>	<u>Year Completed</u>	<u>Grade Level</u>
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_____	_____	_____
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<u>College(s) attended</u>	<u>Degree and Year</u>	<u>Major/Minor</u>
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_____	_____	_____
_____	_____	_____

Current level: ____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Recent Graduate ____ other (please specify) _____

Other Training/Education

Emergency Contact:

Last Name _____ First Name _____
Relationship _____ Phone (____) _____
Last Name _____ First Name _____
Relationship _____ Phone (____) _____

Medical Information:

Please list any medical conditions or allergies that we need to be aware of:
(optional) _____

More About You

Is this internship part of a school course requirement? ☐yes ☐no

Which Internship season are interests you most?

<input type="checkbox"/> Fall	(August 1-December 15)	2 positions available
<input type="checkbox"/> Spring	(February 15-May10)	2 positions available
<input type="checkbox"/> Summer	(May 15-July 31)	1 position available

If gaining course credit, how many hours of service are you expected to complete?

If gaining course credit, what are the expectations for your performance in order to gain credit?

Name, title, and contact information of the instructor of the course if applicable:

If you have a particular project or assignment, please give details below:

Have you been an S.W.E.C. volunteer before? If so, when? _____

How did you find out about S.W.E.C. internship positions? _____

Why would you like to intern at S.W.E.C.? _____

What do you hope to gain from your experience at Salato?

When and how often are you able to work? _____

What are your current career goals, and how can Salato help you to achieve them?

Why have you selected Salato as the location for your internship?

Interests & Experience

In what area(s) of the Salato Wildlife Education Center would you like to work?
(Check all that apply)

____ Docent Interpreter
____ Native Plant Program

____ Hiking Trail & Site
Maintenance

Work Experience

Please list any special skills, interests or hobbies that you have.

Company_____

Department_____

Job Title _____

Street_____

City_____

State_____ Zip_____ Phone # (____) _____

Duties_____

Supervisor _____

Company_____

Department_____

Job Title _____

Street_____

City_____

State_____ Zip_____ Phone # (____) _____

Duties_____

Supervisor _____

Company_____

Department_____

Job Title _____

Street_____

City_____

State_____ Zip_____ Phone # (____) _____

Duties_____

Supervisor _____

Company_____

Volunteer Experience

References (3)

Please mail application or deliver to:

Kentucky Department of Fish & Wildlife Resources

Salato Wildlife Education Center

Attn: Volunteer Coordinator

#1 Sportsman Lane

Frankfort, KY 40601

Salato Wildlife Education Center Internship Agreement

The Salato Wildlife Education Center agrees to the following:

- to provide all necessary training, materials and guidance for a specific job
- to provide recognition for volunteer service
- to provide opportunities for professional and personal enrichment at the Salato Center
- to work with the student to meet project goals

I _____ agree to the following:

- learn and adhere to the policies and procedures of the Salato Center and KDFWR
- attend scheduled training sessions
- provide at least 24 hours notice if unable to work (unless it's an emergency)
- accurately complete all forms
- arrive on time and in uniform
- protect confidential information and exercise good judgment when acting on the agency's behalf
- provide good customer service at all times

Signed _____ Date _____



REQUEST FOR CONVICTION RECORDS: MINORS

Pursuant to KRS 17.160, request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:
K.D.F.W.R. - SALATO WILDLIFE EDUCATION CENTER #1 SPORTSMAN LN. FRANKFORT KY 40601 502-564-7863

Organization Name and Address _____

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment or a volunteer position with the above named organization involving supervisory or disciplinary power over a minor. I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
 Last First Middle Maiden

ADDRESS: _____
 Street City State Zip

SEX _____ RACE _____ DATE OF BIRTH _____ SOC SEC NO _____

 Signature Date Witness Date

INSTRUCTIONS:

Requesting agencies should ensure that all application information is completed.

Requesting agencies should forward a check or money order made payable to the **Kentucky State Treasurer** in the amount of **\$10.00** for each submitted form. Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police
 Criminal Identifications and Records Branch
 Criminal Records Dissemination Section
 1250 Louisville Road
 Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>